



KBRC NEWSLETTER 2006 FALL / WINTER

#### **OUR MISSION STATEMENT**

The Kentucky Board of Respiratory Care is a Government Agency that regulates respiratory care practitioners and their services. The KBRC was established in 1990 to protect the citizens of the Commonwealth of Kentucky from unsafe practitioners and practices.

#### **Board Information**

**Dr. B.T. Westerfield,** M.D., F.C.C.P.Chairman of the Board Klaus O. Becker, RRT Vice-Chairman Anna J. Jones, BS, RCP **Board Member** Wade Root, BHS, RRT **Board Member** Patricia Fisher, RRT **Board Member** Tamara McDaniel, RRT **Board Member** Dr. Abdi Vaezy, M.D. **Board Member** Cheryl Lalonde, AAG Attorney Tom Floro, RRT, **Board Investigator** Janet Vogt, RRT **Board Investigator Peggy Lacy Moore Board Administrator** Rick L. Rose **Board Administrative Assistant** 

Contact Board: (859) 246-2747, Fax: (859) 246-2750 or online at: http://kbrc.ky.gov

Above photos courtesy of the AARC photo archive.

#### THE WORD IS CHANGE

The Kentucky Board of Respiratory Care has undergone several new changes since 2005. The office moved in Sept. 2005 and is located in the Spindletop Administration Building at 2624 Research Park Dr., Suite 306, Lexington, KY 40511. The Governor appointed members; and a new Chair and Vice Chair were elected. Elected Chairman was Dr. Byron T. Westerfield, M.D., and elected Vice Chairman Klaus O. Becker, RRT. Also appointed to the Board, Patricia Fisher, RRT, Tamara McDaniel, RRT and Dr. Abdi Vaezv, M.D., bringing with them a wealth of knowledge in the respiratory field. Law and regulation changes were needed and the process was started in 2006. The elimination of the grace period on July 12, 2006 and the first fee increase for licensure certification since 1990 (See article on page 3). The Board will be proposing a \$25.00 increase in all our fees except inactive and renewal where there is only a \$15.00 increase and the reinstatement fee that proposes an \$80.00 increase. The increase for reinstatement will be substantially higher as an incentive to renew in a timely manner.

## **No More Provisional Approval Letters**

The KBRC will no longer be issuing provisional approval letters to applicants. Once the application has been overviewed and given approval by the Administrator, the licensure packet containing congratulatory letter, licensure card, and wall certificates will be mailed to the new therapist.

### **Grace Period Has Been Eliminated**

The 2006 Legislative Session approved HB 265 which eliminates the grace time of January 31 to March 2 for renewing a respiratory certificate. Governor Ernie Fletcher signed the bill on March 15, 2006 and it became law on July 12, 2006. Please get the word out to all respiratory therapists, supervisors and directors of respiratory departments of this (continued on page 2)

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#### **Grace Period Has Been Eliminated cont.**

change. It is imperative, as professionals; that all therapists meet requirements to renew their respiratory license certificates prior to January 30 on the year they are to renew. The KBRC will mail 2007 renewal forms to the addresses currently on file in November 2006. The law requires all therapists to keep their addresses current with the Board. A therapist not renewing by January 30, will be terminated and will not be reinstated to work until the Board's next meeting.

# Newly Elected Chairman Byron Thomas Westerfield Looking To Take Respiratory Care Board Into The Future



Dr. Byron Thomas Westerfield, M.D., F.C.C.P. takes the reigns of the KBRC and getting the ball rolling to update the Board in all areas. As Chairman he will bring a higher standard to the practice of respiratory care. Included in his plans, will be to push therapists in our state to achieve a higher level of professionalism. Chairman Westerfield and all of the KBRC Board members and office staff wish to express our appreciation to all respiratory therapists. We want you to know that any and all decisions made by the Board are designed to make the respiratory care field as reliable and professional as possible, and to protect the citizens of the Commonwealth. At the August KBRC meeting Dr. Westerfield was re-elected to serve as Chairman through 2007 by his peers.

# Klaus O. Becker Elected as Vice Chairman



Newly elected Vice Chairman Klaus O. Becker, RRT, joined the KBRC in 2003 replacing Sister Dorothy Jackson as our citizen representative. Mr. Becker brings to the Board over 40 years of experience related to the field of respiratory care. He started his career in respiratory as Chief Technologist at the Royal Alexandra Hospital in Edmonton, Alberta, Canada and has served in the capacity of Technical Director at Cook County Hospital in Chicago as well as manager and director of RT departments in Illinois and Wisconsin. He currently is a consultant to several anesthesia related companies. He served from 1990-1996 as Manager and Marketing Consultant for companies in the former East-German territories. Beside his administrative roles, Klaus

has been active as a speaker to respiratory groups and remains active in his professional organization. His dedication to public service, as well as his love and knowledge of respiratory care, has proven to be an asset to the KBRC, and all citizens of the Commonwealth. At the August KBRC meeting Mr. Klaus O. Becker was re-elected to serve as Vice-Chair through 2007 by his peers.

# Notice to Respiratory Profession KBRC Regulations: 201 KAR 29:010, 201 KAR 29:015, KAR 201 29:050 Changes

The KBRC met in November 2005 and agreed changes were in order for statutes and regulations changes. The Board filed proposed changes to the regulations in May 2006 with the Legislative Research Commission. The Administrative Regulation Review Subcommittee met on July 11, 2006 and the Board was represented by Klaus Becker, Vice-Chair, Wade Root, Tami McDaniel, and Anna Jones at the meeting. This is the first request since 1990 to increase licensure **certification fees** with no changes to the application fees. The applications will be changed to reflect the new fees, if approved, by the Legislature in September 2006. The renewal form will be updated to reflect the CEU provider numbers and course numbers. The Board also approved elimination of the CEU carryover. The following is new fee structure proposed by the KBRC and approved by LRC:

New Fees:	Certification	Application	Totals
Limited/Student:	\$40	\$10	\$50
Mandatory/Temp	\$35	\$50	\$85
Mandatory/NBRC	\$75	\$50	\$125
Reinstatement:	N/A		\$150
Reactivation	N/A		\$75
Renewal	N/A		\$75
<b>Inactive Renewal</b>	N/A		<b>\$25</b>

The Board proposed a \$25 increase in all our fees except inactive renewal where we are proposing a \$15 increase and the reinstatement fee that proposes an \$80 increase. The reason the reinstatement fee is substantially higher is because we made it twice the cost of renewal to create an incentive for people to timely renew. Otherwise, some people have continued to work on an expired license and jeopardized the businesses they're working for by providing unlicensed respiratory services. Unlicensed respiratory services usually have to be reimbursed to federal/state entities and the Board will continue to propose a penalty by agreed order for the folks who are unlicensed and practice respiratory care. The Board added language that makes all fees non refundable. Also, it was discussed that the Board will not give credits any longer for proceeding to the next licensure step if someone comes to us as a student, temporary, and NBRC certified. All practitioners will pay the amount for each licensure as noted above. Final approval for these regulations is expected from the Legislative Research Commission by September 2, 2006.

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# Warning Signs of Abuse and Dependency



Article by Brian Fingerson RPh

We all know that we may see patients who are addicted to drugs or alcohol. Do we recognize them? Can we say we'd recognize this disease in a colleague? If we do recognize it, then what do we do? Let's begin with a definition and some signs and symptoms:

Addiction to drugs including alcohol:

- A primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following:
- Impaired control over drug use
- Compulsive use
- Continued use despite harm
- Craving

Usage Increase - Over time, it is common for individuals taking prescription medications to grow tolerant to the effects of the prescribed dose. Increased dosage often indicates that the original amount is no longer providing relief.

Change in Personality - Changes in a person's normal behavior can be a sign of dependency. Shifts in energy, mood, and concentration may occur as everyday responsibilities become secondary to the need for relief the prescription provides.

Social Withdrawal - A person experiencing a dependency problem may withdraw from family, friends, and other social interaction.

Ongoing Use - Patients that complain frequently about "still feeling pain" or request to extend a prescription long after the medical condition has improved should be monitored closely. Those who gripe about doctors refusing to write a prescription show signs of dependency.

Going to Great Lengths to Obtain Prescriptions - A dependent person may spend large amounts of time driving great distances and visiting multiple doctors to obtain drugs. Preoccupation with a quest for medication demonstrates that the drug has become a top priority.

Change In Appearance - Personal Hygiene may diminish as a result of the drug addiction. Significant weight loss may occur and glazed eyes may be evident.

Desensitized Emotions - A dependent person may exhibit an attitude of indifference, a lack of emotion, and demonstrate disinterest in things that previously brought them pleasure.

**Increased Inactivity** - Hobbies and activities no longer provide the enjoyment they used to. Those suffering from dependency may feel lethargic and tend to stop engaging in athletic activities.

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# Warning Signs of Abuse and Dependency Continued

Blackouts and Forgetfulness - Another clear indication of dependence is when the person regularly forgets events that have taken place and appears to be suffering frequent blackouts.

Defensiveness - Abusers who attempt to hide a drug dependency may lash out and become very defensive if they feel their secret is being discovered.

If you recognize any of these signs and symptoms in a colleague, you may refer them for help to the profession's program that assists those with this disease to get the help needed to treat the disease and then monitor their recovery.

You may call the KY Professionals Recovery Network—Brian Fingerson, RPh @ 502-749-8385 or email @ kyprn@insightbb.com for assistance.

Check the KBRC website's Newsletter and Information page for other informative articles.





# **2005-2006 Disciplinary Actions**

These individuals have had disciplinary actions or fines placed on them for working without a proper licensure and failing to renew their license during the renewal period. These fines are based on days worked after March 02, 2006 deadline and a \$50.00 per day fine. The KBRC takes working without proper licensure very seriously and views failure to renew licensure without legitimate reason as <u>unprofessional</u>. Keeping track of your expiration date, providing proper address changes, name changes and filling out renewal forms properly, all help the therapist avoid these disciplinary actions and fines. As of July 12th, 2006

1. Debra J. Moore -Fined \$250.00 + Agreed Order

2. Carolyn F. Graham - Fined \$750.00 + Agreed Order

3. Joy Beth Morrison - Fined \$750.00 + Agreed Order

4. Charles King - Fined \$200.00 + Agreed Order

5. Shirley Henderson - Agreed Order

6. Darlene Jackson - Agreed Order

7. Robert N. Corbett Jr. -Agreed Order 8. Oliver "Lee" Adkins - Agreed Order

9. Katrina A. Baker - Agreed Order

10. Sharon Barnes - Agreed Order





# Tips for filling out Forms from the KBRC

The KBRC has found that these five helpful hints will speed up the processing on all forms.

- 1. All forms should be filled out <u>completely</u>. Do not leave off addresses, zip codes of home or employer addresses, or phone numbers.
- 2. Review all questions on the front and back of the form to assure everything has been filled out correctly.
- 3. If there is a question on the form, or you need help, contact the Board office at 859-246-2747 for assistance. Do not leave a question blank or unanswered.
- 4. Write or print legibly in <u>black</u> or <u>dark blue ink pen</u>, ( <u>Pencil is not acceptable</u>) to prevent mistakes made in data entries.
- 5. Keep forms clean and free from food, drinks, and other objects that may stain your form which makes it difficult for staff to read.

# **CEU News**

# **AARC's Asthma Educator Certification Preparation Course**

The course will be held in Nashville, TN at the Marriott Nashville Airport Hotel, 600 Marriott Drive on August 26th-27th. (Hotel Reservations Only) Call: 615-889-9300 CEU Credits given are as follows: Respiratory will receive 10.25 hours, Nurses will receive 12.3 hours.

Questions about the course should be addressed to Customer Services who will be happy to take your call at: 972-243-2272

Need more CEU information? Go to kbrc.ky.gov and click Approved CEUs.

# Facts to Sleep On

- About 70 Million Americans suffer from a sleep related problem
- Around 40 million have a chronic sleep disorder, and another 20-30 million have a intermittent sleep disorder.
- Most people with sleep disorders have yet to be diagnosed or treated for the condition.
- As many as 18 million Americans suffer from Sleep Apnea.
- About 100,000 motor vehicle crashes are caused by sleepy drivers every year.
- Untreated sleep apnea could be racking up \$ 3.4 billion dollars in additional medical costs.

# **Kentucky is well Represented at Region II Conference**

Over 650 people attended the 33rd Annual Region II Conference on April 23-25, 2006. *The Art of Respiratory Care* which was held at the Northern Kentucky Convention Center, had more than 175 individuals from Kentucky in attendance; three first year teams and one second year team competed in the Sputum Bowl Competition.

The winners of the Region II First Year Sputum Bowl was Southeast Community College. Congratulations.

# **AARC Meets with HHS Officials on Disaster Planning**

A meeting requested by the Department of Health and Human Services (HHS) with the AARC took place recently, as AARC Executive Director Sam Giordano, MBA, RRT, FAARC, and the Association's Disaster Response Roundtable Chair Steve Sittig, RRT-NPS, sat down with officials to work out details on the training of the first group of respiratory therapists accepted into HHS's disaster response program and other collaborative projects.

"The tone of the meeting was very positive, and they are very excited to get the first group of RTs trained and ready to be deployed when needed," says Sittig, who also serves as chair of the AARC's Surface & Air Transport Section.

Formal training for the initial group of therapists will take place sometime in July and will include instruction on the Impact and LP-10 ventilators from the Strategic National Stockpile. Once trained, this first group of RTs will serve as trainers for other RTs across the nation. HHS ultimately hopes to attract as many as 200 RTs to the program.

As the program goes forward with more recruits, Sittig says training is likely to be set up regionally, either at respiratory therapy schools or hospitals. Recertification issues were also brought up during the meeting, with the initial discussion centering around a six month time frame to ensure competency.

The AARC has been asked by HHS to develop proposals governing all of these key issues. The government agency also plans to send a representative to the Summer Forum in Phoenix to explain the project to the AARC Board of Directors and House of Delegates as they conduct their summer meetings. Another training day is expected to take place in December at the AARC International Respiratory Congress in Las Vegas as well.

Respiratory therapists who volunteer for the disaster response program are classified as temporary government employees and are paid for their service. You can read more about the program online. (Article from the AARC website)



# NBRC NEWS OF NOTE

#### Associate Degree Requirement - New

Beginning January 1, 2006, all candidates MUST have an associate degree or higher from an accredited respiratory therapy education program to be eligible for the CRT and RRT Examinations. Individuals currently eligible for the CRT or RRT Examinations who hold a certificate of completion from an accredited respiratory therapy education program, but who do not have an associate degree, have until December 31, 2005 to apply for and pass these NBRC credentialing examinations. Please see the online NBRC Candidate Handbook for all current admissions policies.

#### RRT Eligibility Three-Year Time Limit - New

This is intended to clarify the change to the NBRC's admissions policies for the RRT Examination, namely placing a three-year limit on the length of time an individual may remain eligible for the examination following graduation from an accredited advanced respiratory care education program.

Individuals who do not earn the RRT credential within the three-year time limit will be required to retake and pass the CRT Examination for recredentialing to again be eligible for the RRT Examination. Respiratory care practitioners who retake the CRT Examination to regain eligibility for the RRT Examination are not at risk of losing their CRT credential.

<u>The CRT credential is NOT being eliminated.</u> The new policy is to encourage eligible, advanced program graduates to earn the RRT credential within three years of graduation, or by December 31, 2007 if they have already earned the CRT credential and graduated from an advanced level program.

In the past, there has not been a time limit governing when a respiratory care practitioner must successfully complete the RRT Examination after graduation. As a result, thousands of individuals consider themselves "registry eligible" because they meet the eligibility requirements for the RRT Examination. However, these individuals have not taken and/or passed the RRT Examination and the NBRC does not sanction such an eligibility category.

To encourage early achievement of the RRT credential, the NBRC Board of Trustees is currently offering a \$50 discount on the RRT examination fee for those who apply for both parts of the RRT Examination within 60 days following achievement of the CRT credential.

(Continued on back page)

#### **NBRC** News continued

Effective June 1, 2005 - The Board of Trustees approved the addition of the following provision to the CRT-to-Registry Admission Policy:

Be a CRT with two years of full-time clinical experience in respiratory therapy under licensed medical supervision following Certification and prior to applying for the Registry Examination and hold a minimum of an associate degree in respiratory therapy from an accredited entry level respiratory therapy education program.

All Information on this page is courtesy of the National Board of Respiratory Care and can be found at their website: http://www.nbrc.org/rrt\_time\_limit.htm. Please contact them with any questions regarding CRT and RRT registry.

The KBRC requires therapists to have a CRT for state licensure in KY.



# **FYI - Dates for your calendars.**



AARC Summer Meetings, July 13-17, Phoenix, AZ AARC Annual Meetings Dec. 11-14, Las Vegas, NV AARC Summer Forum, 28-30

KSRC Annual Education Meeting - Sept. 21 & 22, 2006

Four Points, Sheraton, Lexington, KY

For information contact: Dan Perrine at dperrine@bhsi.com

Pulmonary Symposium-Oct. 20, 2006

Lake Cumberland Regional Hospital, Somerset, KY For information contact: Anna Jones at ajones@soahec.org

Lung Health Day-Oct. 25, 2006

The Latest Advances in Pulmonary Medicine-Oct. 27, 2006

London Community Center

For information contact: Anna Jones at ajones@soahec.org
25th Celebration of Respiratory Care Week, Oct. 22-28
2006 Pulmonary Conference: Triple Crown of Lung Disease
October 12th and 13th Embassy Suites in Lexington, KY









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